

Kansas Medical Assistance Program: Fee-For-Service Program Assessment

State Fiscal Year 2013

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Introduction

This *Program Assessment* report prepared for the Kansas Medical Assistance Program (KMAP) provides analysis of trends in drug utilization for KMAP in State Fiscal Year (SFY) 2013. Included in the analysis are the overall drug claims and expenditures as well as claims and expenditures broken down by program type and therapeutic drug class.

This analysis identifies where changes in utilization and/or expenditures are occurring since the implementation of KanCare on January 1, 2013. This helps KMAP identify areas where management and/or interventions may be useful for the fee-for-service (FFS) beneficiaries.

Claims Totals

SFY 2013 is unique from past years due to the implementation of KanCare, resulting in the majority of FFS beneficiaries moving to managed care organizations (MCOs). The total expenditures, claims, members, users and costs are broken down by Pre-KanCare versus Post-KanCare to identify changes.

Table 1 contains the FFS summary of totals for SFY 2013 (July 1, 2012 – June 30, 2013). The Pre-KanCare period (July 1, 2012 – December 31, 2013) is compared to the Post-KanCare period (January 1, 2013 – June 30, 2013).

	SFY 2013	Pre-KanCare	Post-KanCare
Total Expenditures	\$90,994,439	\$83,722,201	\$7,272,239
Total Claims	1,110,050	1,083,383	26,667
Total Members	198,409	195,030	7,981
Total Users	86,531	86,008	1,877
Cost Per Member	\$459	\$429	\$911
Cost Per User	\$1,052	\$973	\$3,874
Cost Per Claim	\$82	\$77	\$273

Table 1: FFS Program Summary for SFY 2013

For dates of service from July 1, 2012 through June 30, 2013 (SFY 2013), KMAP paid over 1.1 million prescription claims for FFS members. During SFY 2013, KMAP paid over \$90 million (rebates not included) to retail pharmacies for KMAP prescriptions. This was \$85 million less than SFY 2012, when KMAP paid over \$176 million for 2.1 million prescription claims. The decrease in claims and expenditure for FFS was due to the implementation of KanCare.

On January 1, 2013 the majority of FFS members were transitioned to KanCare and enrolled in one of three MCOs: Amerigroup Kansas, Sunflower State Health Plan, or UnitedHealthcare Community Plan of Kansas. Comparing the Pre-KanCare and Post-KanCare periods, the number of FFS claims, claims cost, members, and users were reduced significantly.

Figure 1 is a graphical representation of the total number of beneficiaries eligible for services, including MCO eligibility and FFS members. This shows the overall trend for enrollment over the past state fiscal year.

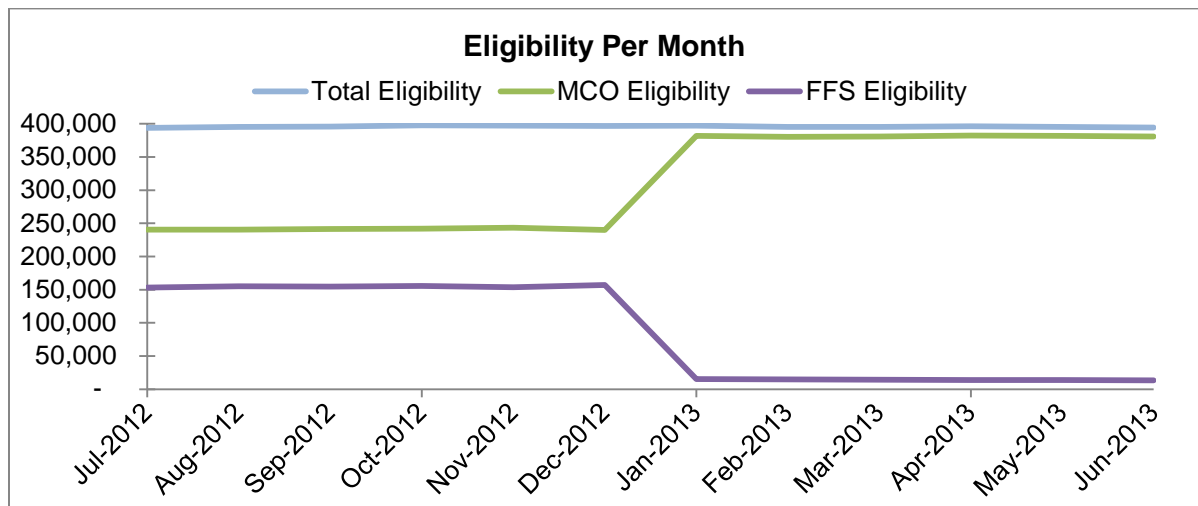


Figure 1: Eligibility per Month for SFY 2013

Overall Program Totals

Several member eligibility types remain in FFS. The three main types with pharmacy coverage include Title 19 (TXIX), MediKan (MKN), and AIDS Drug Assistance Program (ADAPD).

FFS Program Types

TXIX, or Medicaid, is the health insurance program that helps low-income people pay for health services, including preventative, primary, and acute health services for individuals, children, and families.

MKN is the state funded health insurance program for adults 18 years or older and covers fewer services than Medicaid.

ADAPD is the program that covers the cost of medications dispensed by a retail pharmacy for those enrolled individuals who have AIDS or are HIV positive.

Figure 2 shows the number of users, claims, and claims cost for all of FFS by month for SFY 2013.

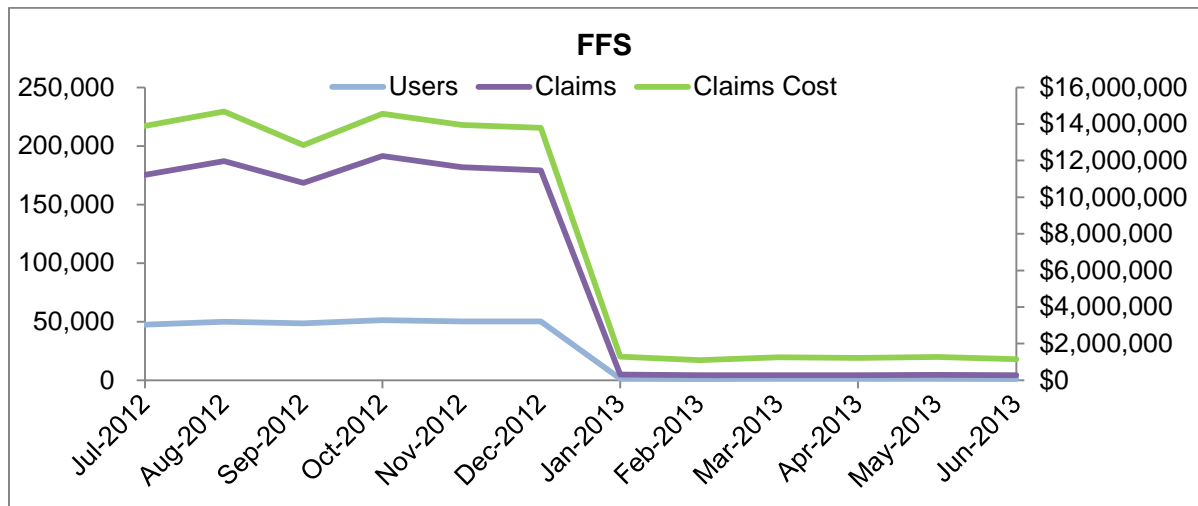


Figure 2: All FFS Users, Claims, and Claims Cost per Month for SFY 2013

After KanCare, the number of claims fell from an average of 180,000 per month to 4,400. The number of users and claims cost followed this same downward trend. The TXIX sub-group was the most impacted by the implementation of KanCare. The majority of TXIX beneficiaries are now managed by a MCO in the KanCare program.

TXIX Program Totals

Figure 3 shows the number of users, claims, and claims cost for TXIX by month for SFY 2013.

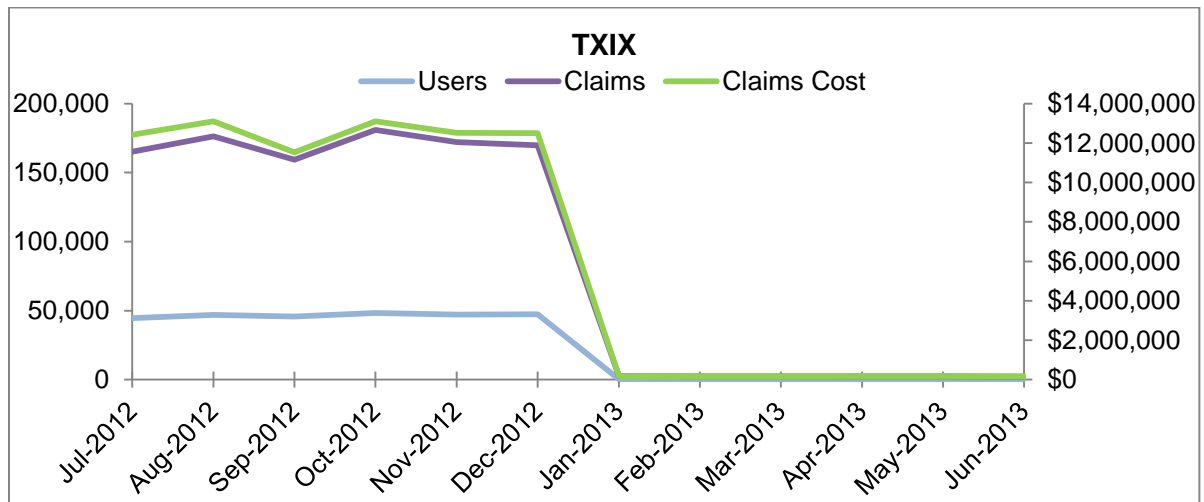


Figure 3: TXIX Users, Claims, and Claims Cost per Month for SFY 2013

For TXIX, the number of claims, users, and claims cost follows the same decreasing trend as the FFS population as a whole. The average number of claims per month fell from 170,000 pre-KanCare to 2,400 post-KanCare.

ADAPD Program Totals

Figure 4 shows the number of users, claims, and claims cost for ADAPD by month for SFY 2013.

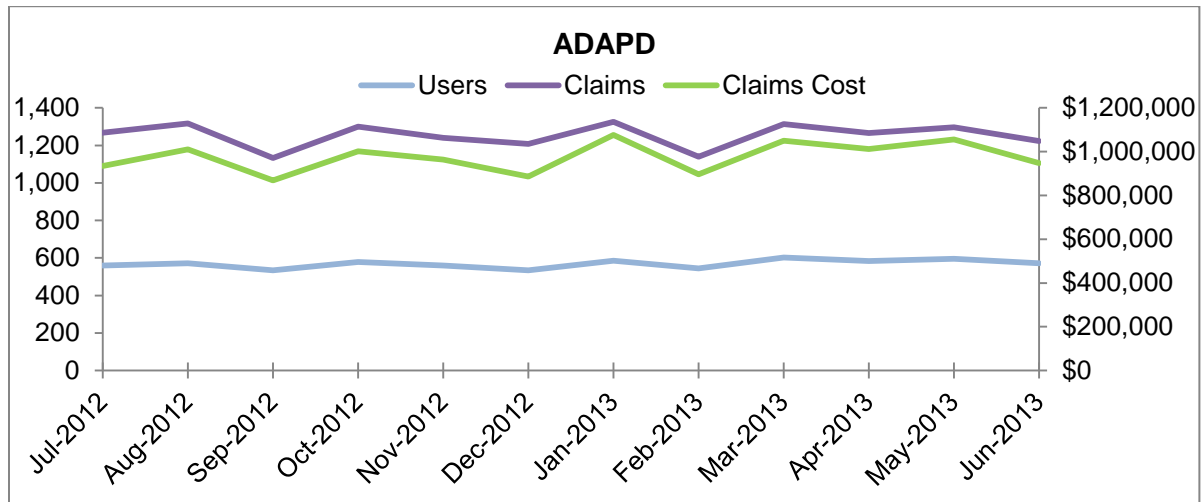


Figure 4: ADAPD Users, Claims, and Claims Cost per Month for SFY 2013

The number of users, claims, and claims cost did not vary for ADAPD from pre-KanCare to post-KanCare. The average monthly spend has remained consistent—around \$1 million for 1,200 claims, which is where the majority of the cost for the FFS population has been post-KanCare. Prior to KanCare, these costs were diluted by the number of TXIX beneficiaries and their prescription utilization.

MKN Program Totals

Figure 5 shows the number of users, claims, and claims cost for MKN by month for SFY 2013.

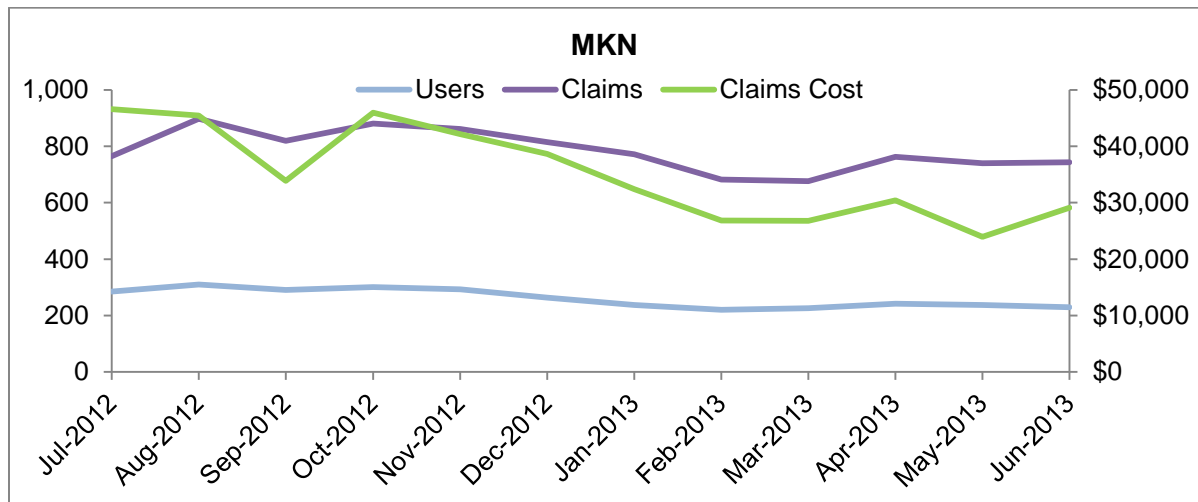


Figure 5: MKN Users, Claims, and Claims Cost per Month for SFY 2013

The MKN numbers have reduced slightly over the past SFY. The number of claims has gone from a high of nearly 900 in August 2012 to around 700 claims at the end of the SFY. The claims cost and number of users has followed the same trend.

Cost Comparisons

Figure 6 shows the cost per claim for FFS, ADAPD, TXIX, and MKN Pre- and Post-KanCare.

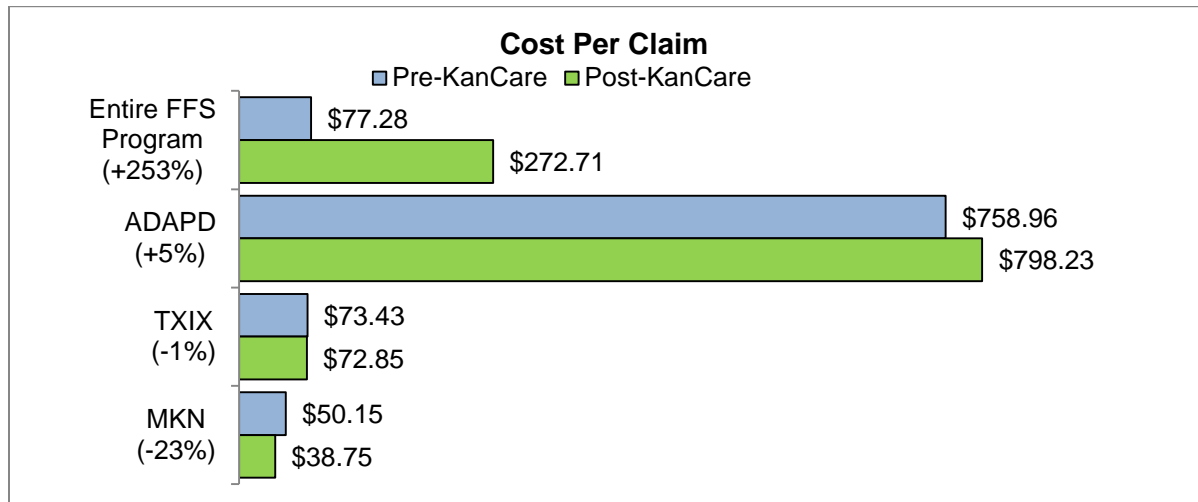


Figure 6: Cost per Claim Pre- and Post-KanCare for FFS, ADAPD, TXIX, and MKN

The average cost per claim for the FFS sub-groups has remained fairly consistent, while the cost per claim for the entire FFS program increased from \$77 pre-KanCare to over \$270 post-KanCare. This increase is due to the remaining beneficiaries in FFS having a bigger contribution to the average cost. Prior to KanCare, ADAPD made up 2–3% of all FFS, and after KanCare, they account for approximately half of the FFS population.

Figure 7 shows the cost per user for FFS, ADAPD, TXIX, and MKN Pre- and Post-KanCare.

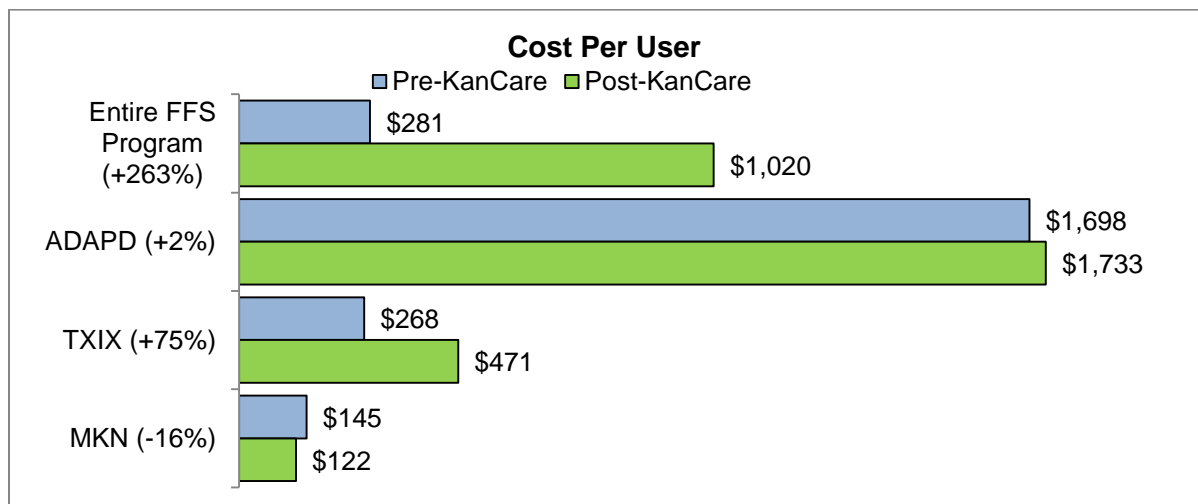


Figure 7: Cost per User Pre- and Post-KanCare for FFS, ADAPD, TXIX, and MKN

The cost per user has also increased for the entire FFS population. Within the sub-groups, only TXIX had a significant change in cost per user. The increase for the entire FFS program can again be contributed to the increased contribution from ADAPD beneficiaries and the decrease in TXIX beneficiaries.

Drug Classification Reporting

It is important not only to report the number of beneficiaries, number of claims, and claims cost by yearly and monthly totals, but also to look at trends by therapeutic drug classes.

Therapeutic drug class reporting is based on the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification third hierarchy level. An example of the AHFS classification (for Central Nervous System Agents) is shown below. Reporting is done at the third hierarchy level (antipsychotics in the table below).

AHFS Pharmacologic-Therapeutic Classification Hierarchy Example	
28:00 Central Nervous System Agents	
28:16 Psychotherapeutic Agents	
28:16.08 Antipsychotics*	
28:16.08.04 Atypical Antipsychotics	
28:16.08.08 Butyrophenones	
28:16.08.24 Phenothiazines	
28:16.08.32 Thioxanthenes	
28:16.08.92 Antipsychotics, Miscellaneous	

*Therapeutic classes are reported at this level.

The number of claims and share of claims pre- and post-KanCare, as well as the variance in share of claims, are shown to identify changes in utilization. Likewise, the claims cost and share of claims cost pre- and post-KanCare and the variance in share of claims cost are shown to identify shifts in drug expenditures.

The drug classes reported were selected by identifying drug classes with the biggest shift in share of claims and claims cost from pre- to post-KanCare, as well as drug classes that have represented a large portion of the claims or claims cost in previous years.

Therapeutic Drug Class Claims

Table 2 reports the claims for drug classes for SFY 2013 based on pre-KanCare versus post-KanCare. See [Appendix A](#) for a list of drugs included in each class. The number of claims used to calculate the share of claims for pre-KanCare was 1,083,383 and 26,667 for post-KanCare.

AHFS Therapeutic Class	Claims		Share of Claims (%)		
	Pre-KanCare	Post-KanCare	Pre-KanCare	Post-KanCare	Variance
Antiretrovirals	7,486	6,165	0.69	23.12	22.43
Antipsychotic Agents	67,447	2,935	6.23	11.01	4.78
Anticholinergic Agents (CNS)	4,874	438	0.45	1.64	1.19
Anticonvulsants, Miscellaneous	56,999	1,631	5.26	6.12	0.85
Nucleosides & Nucleotides	2,073	206	0.19	0.77	0.58
HCV Protease Inhibitors	55	0	0.01	0.00	-0.01
Antineoplastic Agents	2,708	39	0.25	0.15	-0.10
Benzodiazepines (Anticonvulsants)	23,995	488	2.21	1.83	-0.38
Antidepressants	82,767	1,925	7.64	7.22	-0.42
Anxiolytics, Sedatives & Hypnotics, Miscellaneous	17,226	203	1.59	0.76	-0.83
Central Alpha-Agonists	14,732	51	1.36	0.19	-1.17
Proton-Pump Inhibitors	28,560	346	2.64	1.30	-1.34
Amphetamines	19,386	64	1.79	0.24	-1.55
Central Nervous System Agents, Miscellaneous	18,240	28	1.68	0.10	-1.58
Respiratory & CNS Stimulants	20,128	34	1.86	0.13	-1.73
Benzodiazepines (Anxiolytic, Sedatives & Hypnotics)	54,409	336	5.02	1.26	-3.76
Opiate Agonists	74,037	502	6.83	1.88	-4.95

Table 2: Number of Claims for Therapeutic Drug Classes

Antiretrovirals had the greatest increase in share of claims. Prior to the implementation of KanCare, they accounted for less than 1% of total claims and accounted for 23% of claims after implementation.

Opiate agonists had the biggest decrease in share of claims; prior to KanCare, they accounted for nearly 7% of all claims and accounted for just under 2% post-KanCare. In previous years, opiate agonists have represented one of the most highly utilized therapeutic drug classes.

Therapeutic Drug Class Share of Claims

The share of claims for SFY 2012 versus SFY 2013 and pre-KanCare versus post-KanCare demonstrates the changes in utilization for several important drug classes. The opiate agonists and antipsychotic agents have represented two of the most utilized drug classes in past years while antiretrovirals have represented a smaller share of the claims.

Figure 8 shows the share of claims for opiate agonists, antipsychotic agents, and antiretrovirals for SFY 2012 versus SFY 2013.

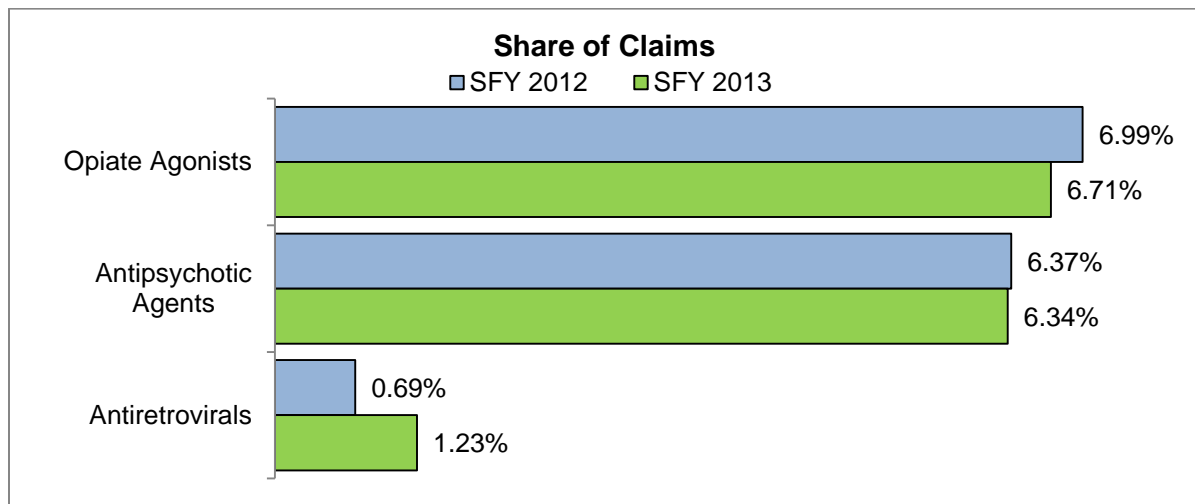


Figure 8: Share of Claims for SFY 2012 versus SFY 2013

Comparing SFY 2012 to SFY 2013 the share of claims for opiate agonists and antipsychotic agents remained nearly unchanged while the antiretrovirals increased.

Figure 9 shows the share of claims for opiate agonists, antipsychotic agents, and antiretrovirals for pre-KanCare versus post-KanCare.

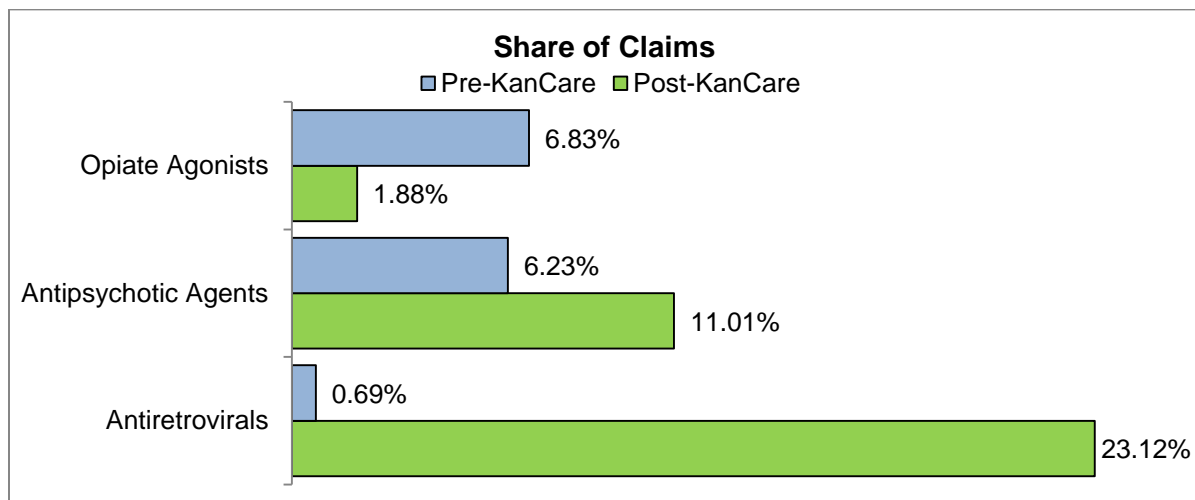


Figure 9: Share of Claims for Pre-KanCare versus Post-KanCare

When SFY 2013 is broken into two periods, pre-KanCare versus post-KanCare, the change in share of claims for antiretroviral agents is more pronounced. The antiretrovirals increased from less than 0.7% to over 23% of the total claims.

Therapeutic Drug Class Claims Cost

Table 3 reports the claims cost for drug classes for SFY 2013 based on pre-KanCare versus post-KanCare. The claims cost used to calculate the share of claims cost for pre-KanCare was \$83,722,201 and \$7,272,239 for post-KanCare.

AHFS Therapeutic Class	Claims Cost (\$)		Share of Claims Cost (%)		
	Pre-KanCare	Post-KanCare	Pre-KanCare	Post-KanCare	Variance
Antiretrovirals	6,886,038	5,797,848	8.22	79.73	71.50
Nucleosides & Nucleotides	345,991	62,275	0.41	0.86	0.44
Anticholinergic Agents (CNS)	31,286	3,033	0.04	0.04	0.00
Benzodiazepines (Anticonvulsants)	239,311	6,546	0.29	0.09	-0.20
Anxiolytics, Sedatives & Hypnotics, Miscellaneous	456,867	2,001	0.55	0.03	-0.52
Benzodiazepines (Anxiolytic, Sedatives & Hypnotics)	500,995	3,905	0.60	0.05	-0.54
Central Alpha-Agonists	533,764	459	0.64	0.01	-0.63
HCV Protease Inhibitors	645,094	0	0.77	0.00	-0.77
Antineoplastic Agents	1,572,674	21,747	1.88	0.30	-1.58
Proton-Pump Inhibitors	1,426,012	7,777	1.70	0.11	-1.60
Amphetamines	2,540,253	6,963	3.03	0.10	-2.94
Anticonvulsants, Miscellaneous	3,065,128	50,679	3.66	0.70	-2.96
Antidepressants	3,066,808	39,289	3.66	0.54	-3.12
Respiratory & CNS Stimulants	2,908,811	1,521	3.47	0.02	-3.45
Opiate Agonists	3,512,339	18,557	4.20	0.26	-3.94
Central Nervous System Agents, Miscellaneous	3,366,806	5,667	4.02	0.08	-3.94
Antipsychotic Agents	17,759,678	667,299	21.21	9.18	-12.04

Table 3: Claims Cost for Therapeutic Drug Classes

The antiretrovirals had the greatest increase in share of claims cost, with an increase of 71.5%. Antipsychotic agents had the biggest decrease in share of claims cost, moving from 21% down to 9% of the total claims cost. In previous years, antipsychotic agents were the most costly drug class for KMAP.

Therapeutic Drug Class Share of Claims Cost

The share of claims cost for SFY 2012 versus SFY 2013 and pre-KanCare versus post-KanCare demonstrates the changes in expenditures for several important drug classes. In SFY 2012 antipsychotic agents, antiretrovirals, and opiate agonists represented the top 3 drug classes based on claims cost.

Figure 10 shows the share of claims cost for opiate agonists, antipsychotic agents, and antiretrovirals for SFY 2012 versus SFY 2013.

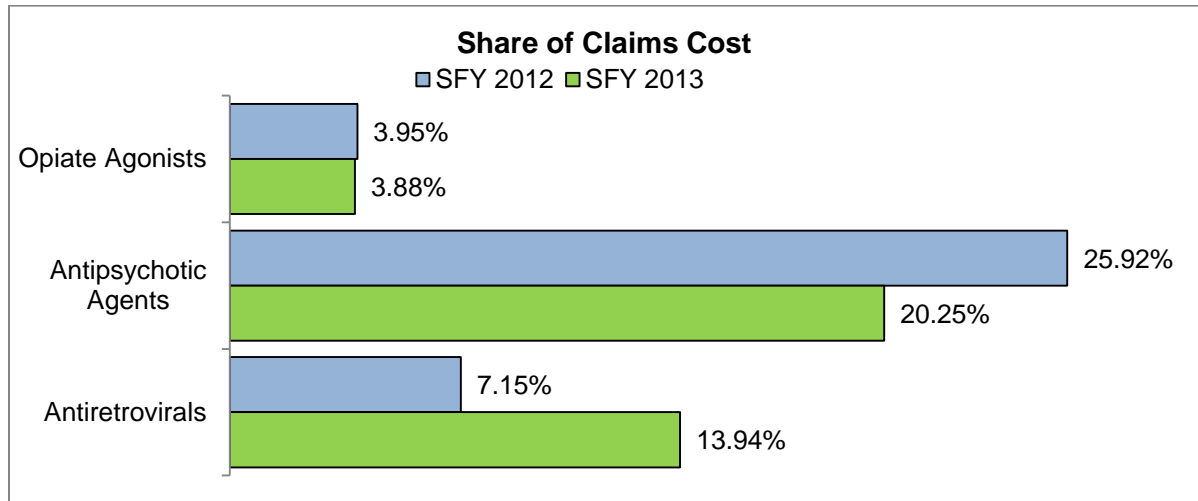


Figure 10: Share of Claims Cost for SFY 2012 versus SFY 2013

Comparing SFY 2012 to SFY 2013 the share of claims cost decreased for antipsychotic agents while increasing for the antiretrovirals.

Figure 11 shows the share of claims cost for opiate agonists, antipsychotic agents, and antiretrovirals for pre-KanCare versus post-KanCare.

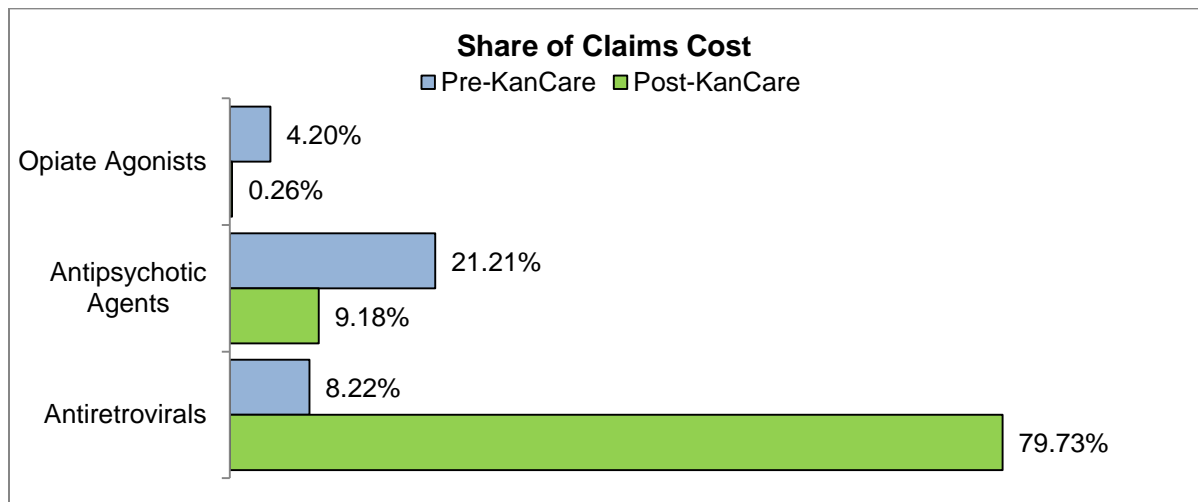


Figure 11: Share of Claims Cost for Pre-KanCare versus Post-KanCare

When SFY 2013 is broken into two periods, pre-KanCare versus post-KanCare, the change in share of claims cost for antiretroviral agents is more pronounced. The antiretrovirals increased from 8% to nearly 80% of the total claims cost.

The antipsychotic agents had an increase of nearly 5% in share of claims from pre-KanCare to post-KanCare but the share of claims cost decreased by 12%. The cause of this change has not been identified due to the variables in the data for SFY 2013.

Therapeutic Drug Classes Trend Summary Analysis

Within the list of therapeutic drug classes, there are several classes that are of interest due to the changes in their share of claims or claims cost. Antiretrovirals are included due to the increase in share of claims and claims cost, while antipsychotic agents are included due to the decrease in share of claims cost.

Antiretrovirals Trend Summary

Table 4 shows the number of users, claims, claims cost, and average cost per claim for antiretrovirals for SFY 2013.

	Users	Claims	Claims Cost	Cost/Claim
Jul 2012	642	1,249	\$1,136,340	\$910
Aug 2012	668	1,329	\$1,220,160	\$918
Sep 2012	615	1,124	\$1,051,589	\$936
Oct 2012	683	1,352	\$1,243,862	\$920
Nov 2012	651	1,225	\$1,146,260	\$936
Dec 2012	623	1,207	\$1,087,828	\$901
Jan 2013	565	1,057	\$1,026,876	\$972
Feb 2013	524	911	\$859,374	\$943
Mar 2013	584	1,080	\$1,005,521	\$931
Apr 2013	566	1,042	\$977,278	\$938
May 2013	584	1,075	\$1,011,972	\$941
Jun 2013	555	1,000	\$916,828	\$917

Table 4: Antiretrovirals Trend Summary

Figure 12 shows claims cost compared to the number of claims for antiretrovirals.

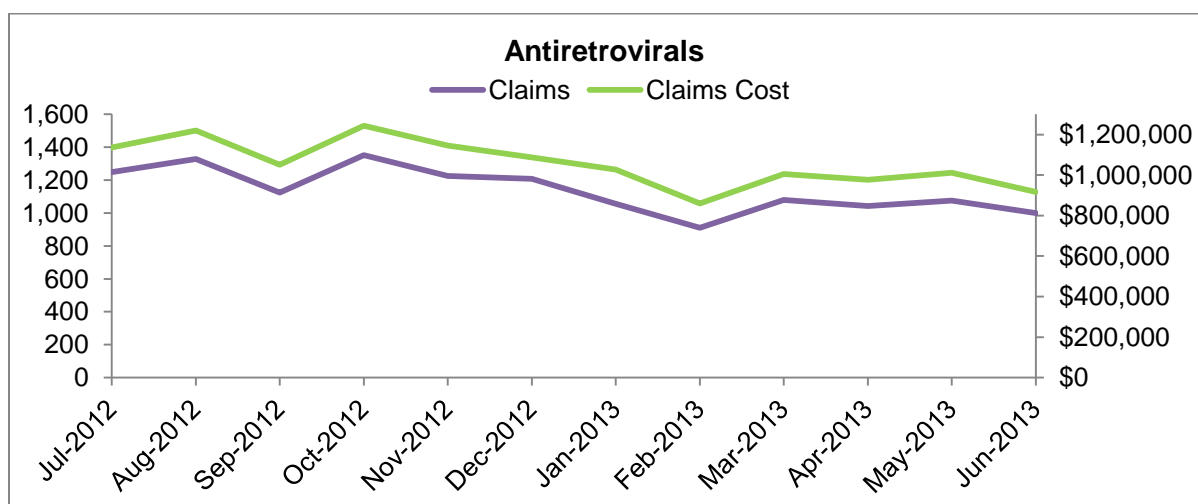


Figure 12: Antiretrovirals Claims Cost Compared to Claims

Prior to KanCare, antiretrovirals attributed to less than 1% of total claims and 8% of the claims cost. After KanCare, they account for 23% of the claims and 80% of the total claims cost. Even though the

share of claims and claims cost increased due to KanCare, the number of claims and claims cost remained fairly consistent from month to month during SFY 2013. The majority of ADAPD beneficiaries remain in FFS.

Antipsychotic Agents Trend Summary

Table 5 shows the number of users, claims, claims cost, and average cost per claim for antipsychotic agents for SFY 2013.

	Users	Claims	Claims Cost	Cost/Claim
Jul 2012	7,819	11,281	\$2,907,198	\$258
Aug 2012	8,016	11,719	\$3,094,137	\$264
Sep 2012	7,558	10,420	\$2,781,744	\$267
Oct 2012	8,047	11,777	\$3,084,758	\$262
Nov 2012	7,877	11,220	\$2,949,872	\$263
Dec 2012	7,792	11,030	\$2,941,969	\$267
Jan 2013	219	576	\$117,793	\$205
Feb 2013	206	474	\$109,828	\$232
Mar 2013	213	487	\$109,638	\$225
Apr 2013	210	472	\$109,286	\$232
May 2013	204	491	\$118,904	\$242
Jun 2013	200	435	\$101,850	\$234

Table 5: Antipsychotic Agents Trend Summary

Figure 13 shows claims cost compared to the number of claims for antipsychotic agents.

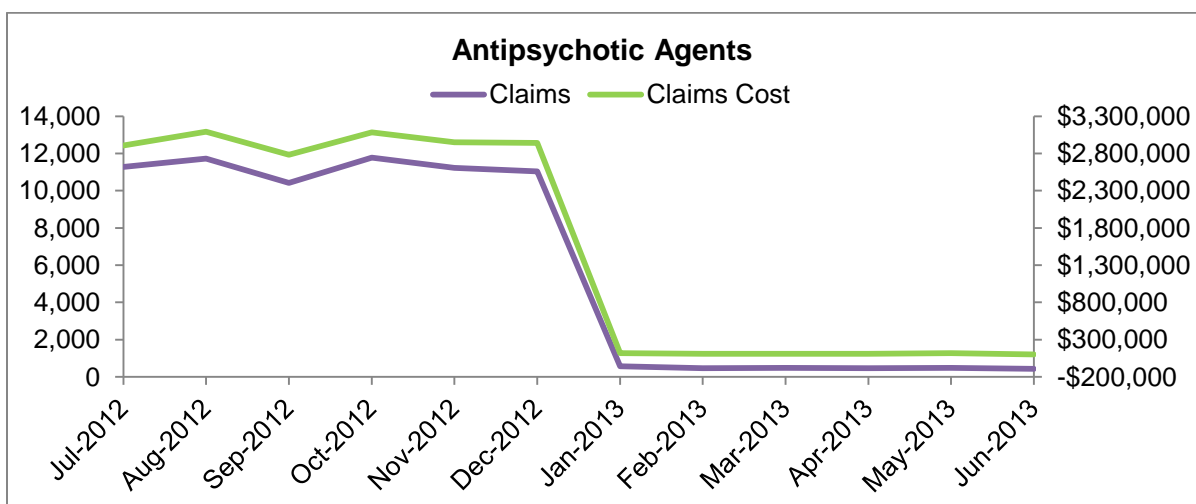


Figure 13: Antipsychotic Agents Claims Cost Compared to Claims

Prior to the implementation of KanCare, antipsychotic agents were one of the top therapeutic classes for both number of claims and claims cost. Pre-KanCare antipsychotic agents accounted for 6% of claims and 21% of claims cost. After KanCare, they accounted for 11% of claims and 9% of claims cost. This is due to the shifting of beneficiaries from FFS to MCOs.

Conclusion

During SFY 2013, the majority of FFS beneficiaries moved to MCOs with the implementation of KanCare. Prior to the implementation of KanCare, ADAPD beneficiaries accounted for 2-3% of all FFS beneficiaries; post-KanCare, they account for approximately half. This shift in the FFS numbers demonstrates why antiretrovirals accounted for 23% of the total claims and 80% of the total claims cost post-KanCare.

Historically, antipsychotic agents made up a large portion of the utilization and expenditures for KMAP due to the Kansas law that precludes the management of medications used to treat mental health conditions (Kansas Statute 39-7, 121b).

Table 6 shows the FFS claims cost, number of claims, and average members per month for the past six years.

Period Covered	Claims Cost	Claims	Average Members Per Month	Average Cost/Claim
SFY 2013	\$90,994,439	1,110,050	16,534	\$81.97
SFY 2012*	\$176,615,977	2,156,498	143,042	\$81.90
SFY 2011*	\$172,298,691	2,177,286	160,403	\$79.13
SFY 2010*	\$161,952,882	2,098,289	154,293	\$77.18
SFY 2009*	\$175,149,636	2,040,759	142,882	\$85.83
SFY 2008*	\$159,998,333	1,946,283	138,632	\$82.21

Table 6: Past Years' Totals

* All data reported in this document is current as of August 2013. Past reports may have different values due to retro eligibility, reversed claims, etc.

Appendix A – Drugs by Class

Amphetamines

Amphetamine Salts
Dextroamphetamine
Lisdexamfetamine
Methamphetamine

Anticholinergic Agents (CNS)

Benztropine
Trihexyphenidyl

Anticonvulsants, Misc

Carbamazepine
Divalproex
Ezogabine
Felbamate
Gabapentin
Lacosamide
Lamotrigine
Levetiracetam
Magnesium Sulfate
Oxcarbazepine
Pregabalin
Rufinamide
Tiagabine
Topiramate
Valproate
Valproic Acid
Vigabatrin
Zonisamide

Antidepressants

Amitriptyline
Amitriptyline/Chlordiazepoxide
Amitriptyline/Perphenazine
Bupropion
Citalopram
Clomipramine
Desipramine
Desvenlafaxine
Doxepin
Duloxetine
Escitalopram
Fluoxetine
Fluoxetine/Olanzapine
Fluvoxamine
Imipramine
Maprotiline
Mirtazapine
Nefazodone
Nortriptyline
Paroxetine

Phenelzine
Protriptyline
Sertraline
Trazodone
Venlafaxine
Vilazodone

Antineoplastic Agents

Anastrozole
Bicalutamide
Capecitabine
Chlorambucil
Cyclophosphamide
Cytarabine
Dasatinib
Erlotinib
Etoposide
Everolimus
Exemestane
Fluorouracil
Fulvestrant
Hydroxyurea
Imatinib
Lapatinib
Lenalidomide
Letrozole
Leuprolide
Lomustine
Megestrol
Melphalan
Mercaptopurine
Methotrexate
Nilotinib
Pazopanib
Ruxolitinib
Sorafenib
Sunitinib
Tamoxifen
Temozolomide
Thioguanine
Topotecan
Tretinoin
Vemurafenib
Vorinostat

Antipsychotic Agents

Aripiprazole
Asenapine
Chlorpromazine
Clozapine
Fluphenazine

Haloperidol
Iloperidone
Loxapine
Lurasidone
Olanzapine
Paliperidone
Perphenazine
Pimozide
Quetiapine
Risperidone
Thioridazine
Thiothixene
Trifluoperazine
Ziprasidone

Antiretrovirals

Abacavir
Abacavir/Lamivudine
Abacavir/Lamivudine/Zidovudine
Atazanavir
Cobicistat/Elvitegravir/Emtricitabine/Tenofovir
Darunavir
Didanosine
Efavirenz
Efavirenz/Emtricitabine/Tenofovir
Emtricitabine
Emtricitabine/Tenofovir
Emtricitabine/Rilpivirine/Tenofovir
Enfuvirtide
Etravirine
Fosamprenavir
Indinavir
Lamivudine
Lamivudine/Zidovudine
Lopinavir/Ritonavir
Maraviroc
Nelfinavir
Nevirapine
Raltegravir
Rilpivirine
Ritonavir
Saquinavir
Stavudine
Tenofovir
Tipranavir
Zidovudine

Anxiolytics, Sedative & Hypnotics, Misc

Buspirone
Chloral Hydrate
Eszopiclone
Hydroxyzine
Meprobamate
Ramelteon
Zaleplon
Zolpidem

Benzodiazepines (Anticonvulsants)

Clobazam
Clonazepam

Benzodiazepines (Anxiolytic, Sedatives & Hypnotics)

Alprazolam
Chlordiazepoxide
Clorazepate
Diazepam
Lorazepam
Midazolam
Oxazepam
Temazepam
Triazolam

Central Alpha Agonists

Clonidine
Clonidine/Chlorthalidone
Guanfacine (Tenex)
Methyldopa

Central Nervous System Agents, Misc

Acamprosate
Atomoxetine
Carbidopa
Dextromethorphan/Quinidine
Guanfacine (Intuniv)
Memantine
Riluzole
Sodium Oxybate
Tetrabenazine

Hepatitis C Virus Protease Inhibitors

Boceprevir
Telaprevir

Nucleosides & Nucleotides

Acyclovir
Adefovir
Entecavir
Famciclovir
Ribavirin
Valacyclovir
Valganciclovir

Opiate Agonists

Codeine
Codeine/Acetaminophen
Codeine/Butalbital/Caffeine/Acetaminophen
Codeine/Butalbital/Caffeine/Aspirin
Dihydrocodeine/Acetaminophen/

Caffeine
Fentanyl
Hydrocodone/Acetaminophen
Hydrocodone/Ibuprofen
Hydromorphone
Meperidine
Methadone
Morphine
Opium/Belladonna
Oxycodone
Oxycodone/Acetaminophen
Oxycodone/Aspirin
Oxycodone/Ibuprofen
Oxymorphone
Tapentadol
Tramadol
Tramadol/Acetaminophen

Proton-Pump Inhibitors

Dexlansoprazole
Esomeprazole
Lansoprazole
Lansoprazole/Amoxicillin/
Clarithromycin
Omeprazole
Omeprazole/Sodium Bicarbonate
Pantoprazole
Rabeprazole

Respiratory & CNS Stimulants

Caffeine
Dexmethylphenidate
Methylphenidate